

October 23, 2003

**PRIORITY SCHEDULING FOR OUTPATIENT MEDICAL SERVICES AND  
INPATIENT HOSPITAL CARE FOR SERVICE CONNECTED VETERANS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive outlines policies and actions required in support of Department of Veterans Affairs (VA)'s commitment to providing priority care for non-emergent outpatient medical services and inpatient hospital care for any veteran with service connected (SC) disabilities. **NOTE:** *As always, medical care for emergent or urgent cases takes precedence over a priority of service connection.*

**2. BACKGROUND:** Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, mandated VA to establish and implement a national enrollment system to manage the delivery of health care services to veterans. The enactment of this legislation generated a significant increase in the number of VA enrollees and patient users. The result has been a steady increase in the number of veterans on wait lists or scheduled in excess of 6 months for non-emergent outpatient appointments. VHA Directive 2002-059 outlines VA's policy on providing priority access for care to veterans who are 50 percent or greater SC. Additionally, VA has identified the need to provide priority access for care to veterans who require care for a SC disability regardless of the percentage of SC rating.

**3. POLICY:** It is VHA policy to provide priority access to outpatient medical care and elective inpatient hospital care for any veteran who requires care for a SC disability. In addition to ensuring that this priority for access to care is provided to veterans requiring care for a SC disability, every effort must be made to provide clinically appropriate care to every enrolled veteran. **NOTE:** *Service connection in and of itself, does not justify cancellation of a current appointment for another veteran as a mechanism for accommodating priority scheduling for the SC veteran.*

**4. ACTION:** Network and medical center Directors must ensure health care facilities implement the following procedures to manage appointment scheduling for new enrollees and established patients who require care for a SC disability. **NOTE:** *While staff at the health care facilities may place these veterans on wait lists, their appointments must be scheduled within the timeframes as outlined in subparagraph 4a.*

a. All new enrollees and/or new patients who are rated less than 50 percent SC requiring care for a SC disability, and who request VA care, must be scheduled for a primary care evaluation within 30 days of desired date. If the outpatient appointment cannot be scheduled within this timeframe, arrangements must be made to have the patient seen at another VA health care facility or to obtain the services on fee basis or under a sharing agreement or contract at VA expense within the 30-day timeline.

**THIS VHA DIRECTIVE EXPIRES OCTOBER 31, 2007**

## VHA DIRECTIVE 2003-062

October 23, 2003

b. Appointments for established patients (i.e., a patient who has received care anywhere in the VA system within the past 2 years) who are less than 50 percent SC requiring the appointment for a SC disability, must be scheduled within 30 days of the clinically appropriate appointment date based on the clinical need of the veteran as determined by the veteran's VA treating clinician. If an appointment cannot be scheduled within the specified timeframe, arrangements must be made to have the patient seen at another VA health care facility or to obtain the needed services on a fee basis or under a sharing agreement or contract at VA expense.

c. If non-VA care at VA expense is authorized, close coordination must be maintained with the veteran and the local authorized care provider to ensure coordination of the veteran's care. Alternative arrangements for appointments are intended to provide interim medical care for veterans who require care for a SC disability. These veterans need to be scheduled at the preferred VA health care facility or at another VA health care facility as soon as possible.

d. Any veteran less than 50 percent SC needing admission for an elective procedure related to a SC disability must receive priority admission scheduling over other elective admissions.

**NOTE:** *In no case should priority scheduling of any SC veteran impact the medical care of any other previously scheduled veteran.*

e. Veterans rated less than 50 percent SC who are on a wait list at the time of implementation of this Directive, must be provided priority access as outlined in subparagraphs 4(a) and 4(b).

## 5. REFERENCES

a. Public Law 104-262.

b. Federal Register (FR) Notice published September 17, 2002, at 67 FR 58528.

c. VHA Directive 2002-059, dated October 2, 2002.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Officer (16) is responsible for the contents of this Directive. Questions may be referred to this office at (202) 254-0324.

**7. RESCISSIONS:** None. This VHA Directive expires October 31, 2007.

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Under Secretary for Health

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